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APPLICANTS

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** CONTINUING DATA *****

none oe

** FOREIGN APPLICATIONS *****

none oe

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 10/07/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	DRAWING	CLAIMS	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>	1	12	2	2

ADDRESS

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TITLE

Tongue depressor

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